

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>TERRACE AT TOWNE CENTRE THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BLVD</b> <b>MERRILLVILLE, IN 46410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on May 7, 2014.</p> <p>Date of Survey: July 16, 2014</p> <p>Provider number: 002392 Facility number: 002392 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, RN-TC</p> <p>Census bed type: Residential: 43 Total: 43</p> <p>Census payer type: Other: 43 Total: 43</p> <p>Terrace at Towne Centre was found to be in compliance with 410. IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on July 17, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE